

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10699562

FILING DATE

APPLICANT(S)

11/3/05 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
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50			/			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100												
TOTAL IND.	3											
TOTAL DEP.	3											
TOTAL CLAIMS	57											